



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

REINSTATEMENT ESTABLISHMENT APPLICATION

Do not return the following 4 informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS ESTABLISHMENT LICENSE

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with the application:**

1. Fee;
2. A scaled floor plan of the establishment that details the purpose of each area of the facility including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities (If the establishment is part of a commercial building, include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective establishment area and the location of all entrances, exits, bathrooms, and storage areas.);
3. A current certificate of occupancy where required by local ordinance, or a Plumbing Certificate signed by the local plumbing inspector affirming that the plumbing for the establishment is compliant with the Uniform Plumbing Code as adopted by the Plumbers Examine Board; and
4. A current certificate of occupancy where required by local ordinance, or a copy of the certificate affirming that the electrical for the establishment is compliant with the National Electrical Code as adopted by the Electricians Examining Board.

CORPORATION OR LLC:

You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

NOTE:

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void regardless that you hold a temporary license, if applicable.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

If there is a change in location and/or ownership of the establishment, you must reapply for a new establishment license. The establishment license issued is only valid for the current location and current establishment owner.

PROCESSING TIME:

- ✓ Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.
- ✓ **Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.**

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your license will be attached to that email. (a paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

NOTICES:

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

LAWS AND RULES:

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

All relevant laws and rules are accessible from this web page.

Title 5 Administrative Procedures and Services Chapter 341

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

Title 10 Department of Business Regulation Law §§8001-8011

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the websites listed above to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333 -0035
- **Where are you located?** Gardiner Annex Building, 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes, but you will not leave with a license.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check your status on our website at www.maine.gov/professionallicensing. Your license will show up as "PENDING" at first; as soon as your status is "ACTIVE" you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES:

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF APPLICANT (If LLC or Corporation, list that name here)			
BUSINESS FEIN OR SSN			
PHYSICAL ADDRESS OF ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL (Your license will be emailed)	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Barbering and Cosmetology Licensing Program

**REINSTATEMENT
ESTABLISHMENT LICENSE**

Required Fee: \$95.00 (Non-Refundable)

YOU MUST COMPLETE THIS SECTION:

License #: _____

Expiration Date: _____

GO ONLINE TO OBTAIN YOUR LICENSE #
AND EXPIRATION DATE
[WWW.MAINE.GOV/
PROFESSIONALLICENSING](http://WWW.MAINE.GOV/PROFESSIONALLICENSING)

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

ES 1427 - \$20.00

2090 - \$75.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit or debit card, please fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
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I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER **the following amount: \$ _____**

☐ **I understand that fees are non-refundable**

Card number: *XXXX-XXXX-XXXX-XXXX*

Expiration Date *mm / yyyy*

SIGNATURE	DATE
------------------	-------------

SECTION 1: OWNERSHIP - Please check one and complete the appropriate block below.

- ☐ **Sole Proprietor** (complete section A)
- ☐ **Partnership** (complete section B) -if your partnership consist of 2 corporations or more, you must submit a list of officers and an organization chart.
- ☐ **Corporation** (complete section C) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.
- ☐ **Limited Liability Company** (complete section D) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

Section A - Sole Proprietor			
Owner Name		Social Security Number	
Contact Address	City	State	Zip Code
Telephone Number	Fax Number	Email Address	
()	()		
Establishment Name (Doing Business As)			

Section B - Partnership: List the name and address of each partner			
PARTNERSHIP INFORMATION:			
Name of partnership			
Contact Address	City	State	Zip Code
Telephone Number	FEIN Number		
()			
E-mail Address			
Establishment Name (Doing Business As)			

SECTION 1: OWNERSHIP (CONTINUED)**NAME AND CONTACT INFORMATION OF EACH PARTNER**

Section B - Partnership (CONTINUED)			
Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone number		
	()		

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone number		
	()		

Company Name; if applicable	FEIN #		
Contact Address	City	State	Zip Code
E-mail Address	Telephone number		
	()		

Company Name; if applicable	FEIN #		
Contact Address	City	State	Zip Code
E-mail Address	Telephone number		
	()		

SECTION 1: OWNERSHIP (CONTINUED)

Section C - Corporation Ownership:			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Physical Address of Corporation	City	State	Zip Code
Telephone Number		Fax Number	
()			
E-mail Address		Website Address	
Name of Registered Agent			
Corporate Registration Certificate Number; If applicable	Issued Under What Jurisdiction	Date	
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

SECTION 1: OWNERSHIP (CONTINUED)**Section C – Corporation Ownership (CONTINUED)**

Is this corporation's stock traded on a major stock exchange and not over-the-counter
YES ☐ NO ☐ If no, complete the section below—List the name and contact address
of each shareholder owning 10% or more of the voting stock of the
Corporation.

(Duplicate page in same format if necessary)

1. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

2. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

3. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

4. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

SECTION 1: OWNERSHIP (CONTINUED)**Section C – Corporation Ownership (CONTINUED)****CORPORATE OFFICER(S) AND DIRECTOR***(Duplicate page in same format if necessary)*

1. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

2. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

3. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

4. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:			
Name of Limited Liability Company			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Limited Liability Company	City	State	Zip Code
Physical Address of Limited Liability Company	City	State	Zip Code
Telephone Number		Fax Number	
()			
E-mail Address		Website Address	
Name of Member or Manager Representing Applicant			
Mailing Address of Representative	City	State	Zip Code
Telephone Number	E-mail Address		
()			
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Name of Registered Agent			
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:

Please list the names and mailing addresses of each member and manager. You may copy this page if more space is needed.

1. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	
2. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
3. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
4. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

SECTION 2: ESTABLISHMENT INFORMATION

Services offered at this establishment (check all that apply)		
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		
Business Located in (check one)		
<input type="checkbox"/> Professional Building <input type="checkbox"/> Personal Residence <input type="checkbox"/> Mall <input type="checkbox"/> Other (describe): _____		
Anticipated opening date of establishment for purposes of scheduling inspection:		
Hours of Operation	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 4: CRIMINAL CONVICTION AND DISCIPLINARY ACTION

<p>Have you or has any owner; corporate officer; or the designate officer of the establishment entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <p>1. Provide a <u>signed detailed explanation</u> in the offender's own words on a separate sheet of paper.</p> <p>2. Attach a copy of the <u>Court Judgment and Decision</u>.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of professional license, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <p>1. List the jurisdiction(s) that denied your license or issued discipline and date of action: State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____</p> <p>2. Submit a copy of the consent agreement or decision and order for each of the above.</p> <p>3. Provide a signed detailed explanation in your own words on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

SECTION 5: SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS

Your establishment must comply with all items marked on this list as well as any other rules pertaining to establishments licensed by the program. It is recommended that you read Chapter 25 and Chapter 26 of the program rules to ensure that your establishment meets all requirements.

By checking each box on this form, you are verifying that your establishment is in compliance with the requirements set forth in the Barber and Cosmetology Rules Chapter 25 and Chapter 26.

Any statement referenced in the checklist below can be found in Chapter 25 or Chapter 26 of the Programs Rules.

RECORD KEEPING

- ☐ Record keeping procedures in place as listed in Chapter 26.003. (26.003)
- ☐ The Establishment has a copy of Program Rule Chapter 26 is available in hardcopy or electronic form. (26.141)
- ☐ All bottles and containers, other than the original manufacturers' container used for application of chemical services and disinfectants, are properly labeled as to content, percentage solution, and date mixed. Substitute container for products are clearly labeled as to its content, and the original bottle or container are kept on the premise for immediately presentation upon request at time of inspection. (26.149)

BLOOD BORNE FLUID CONTAMINATION

- ☐ Establishment has a sealable plastic bag for disposal of material being exposed to blood and/or body fluids. (26.291)
- ☐ Establishment has a puncture proof container for disposable sharp objects that come in contact with blood or other body fluids. The container is strong enough to protect the licensee, client and others from accidental cuts or puncture wounds that could happen during the disposal process. (26.291)

EQUIPMENT

- ☐ Tightly closed container or tightly closed cabinet for storage of clean linens is provided. A reasonable supply of linens is kept in open stock for immediate daily use. (26.148)
- ☐ Container for soiled towels. (26.147)
- ☐ Covered waste receptacle. (26.144)
- ☐ One wet sanitizer unit of adequate size with appropriate sanitizing agent. (26.101)
 - ☐ Wet sanitizers containing suitable chemical germicide solution, and is bacteriological effective.
- ☐ Tools and implements are stored in a clear, dry, debris-free environment such as drawers, cases, tool belts, or rolling trays, and are not co-mingled with non practice related items. (26.182)

SKIN CARE

The following is specific to skin care services, if this section does not apply to your establishment, check here: ☐ Not applicable

- ☐ Facial chairs, headrests and beds provided are made of or covered in a non-porous material capable of being cleaned and disinfected. (26.204)
- ☐ Manufacturer's specifications equipment involving Microdermabrasion, Chemical Exfoliation, IPL Devices and Hair Removal Devices is available. (26.221)
- ☐ A system for safeguarding against theft and identify theft client consent, health history and treatment information has been established. (26.222)

SECTION 5: SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS (CONTINUED)

WATER, PLUMBING AND ELECTRICAL REQUIREMENTS

- ☐ The establishment has an adequate supply of hot and cold water as may be necessary to conduct business. (26.011)
- ☐ Establishment is served by a Public water System, as defined in 22 MRS §2601(8).
(check only if applicable)
- ☐ Establishments is not served by a Public Water System, as defined in 22 MRS §2601(8).
(Check only if applicable)
 - ☐ The water supply tested for Total Coliform bacteria and nitrates by a laboratory certified by the Department of Health and Human Services Drinking Water Program within six (6) months of application for initial licensure. A current list of certified laboratories can be found at www.medwp.com. **Attach water test with application.** (25.1.7)
- ☐ Plumbing meets current codes. A current certificate of occupancy where required by local ordinance, or a copy of the plumbing certificate, or a copy of the establishment's internal plumbing permit signed by the local plumbing inspector affirming that the plumbing for the establishment is compliant with the Uniform Plumbing Code as adopted by the Plumbers Examine Board. **Attach with application.** (25.1.6)
- ☐ Electrical meets current codes. A current certificate of occupancy where required by local ordinance, or a copy of the certificate affirming that the electrical for the establishment is compliant with the National Electrical Code as adopted by the Electricians Examining Board. **Attach with application.** (25.1.6)
- ☐ Utility sink with hot and cold running water under pressure connected to sewerage disposal (in addition to the restroom sink) or;
 - ☐ Shampoo bowl with hot and cold running water under pressure connected to sewerage disposal. All shampoo bowls must be equipped with an approved back flow prevention device. (26.010) *If this does not apply to your establishment, check here:* ☐ Not applicable
- ☐ Establishment has eye washing station or unit readily available for employees and clients. (26.013)

SIGNAGE

- ☐ Sign on how a customer may file a complaint is prominently displayed in the public reception of the establishment, with the print size of at least one quarter inch. Please refer to Rule Chapter 26.176 for full message.(26.176)
- ☐ Exterior sign is located near the main entrance and clearly identifies the establishment, with the print size of at least one inch. (26.171)
- ☐ Animal awareness sign is posted at the entrance of the establishment, informing employees and the public that an animal is on premises. (26.175) *If this does not apply to your establishment, check here:* ☐ Not applicable
- ☐ Twenty four (24) to forty eight (48) hour patch test notice to alert clients that a patch test will be performed before the application of any product that contains an aniline derivative. (26.172) *If this does not apply to your establishment, check here:* ☐ Not applicable

SECTION 5: SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS (CONTINUED)

SANITATION AND SAFETY

- ☐ Floors where any service is performed, restrooms, and dispensaries are of a non-porous material that is washable, except that anti-slip floor applications or plastic floor coverings may be used for safety purposes. Carpet is permitted in all other areas of the establishment. (26.132)
- ☐ A first aid kit of sufficient size and quantity for employees and clients is available. The first aid kit shall be readily accessible and identified with visible signage. (26.080)
- ☐ Available Safety Data Sheets (“SDS”) as may be required by the United States Department of Labor, Occupational Safety and Health Administration in 29 CFR Part 1910.1200(g) (effective May 25, 2012), available online at www.osha.gov/law-regs.html. (26.090)
- ☐ Establishment is adequately ventilated.(26.134) (*Check the following that applies*):
 - ☐ Outside exhaust systems or;
 - ☐ Fans and air filtration that is continually in use and operational to exhaust fumes and strong odors from chemicals and other products away from service and public areas, and provide for the input of fresh air, shall be used.
- ☐ Establishment has (*check the following that applies*):
 - ☐ Direct entry into the establishment or;
 - ☐ Entry from a public access area (26.135) .
- ☐ The practice area where client services are performed is not used for public access to another business. (26.135)
- ☐ The establishment is not utilized for living, sleeping, or any other purpose other than what is intended under the license issued. (26.136)
- ☐ Establishments connected to or within a private home or living quarters has a separate entrance directly into the establishment or from a public access area, and doors and entrances opening into the home or living quarters shall be kept closed during business hours.(26.136) *If this does not apply to your establishment, check here:* ☐ Not applicable
- ☐ Sterilization equipment for tools and implements as listed in 26.110 is provided.(26.183) (*Check all that apply*):
 - ☐ Steam sterilizer
 - ☐ Dry heat sterilizer
 - ☐ Autoclave; or
 - ☐ similar sterilization equipment
 - ☐ An EPA– registered bactericidal, fungicidal, and virucidal disinfectant.
- ☐ I have read and understand Rule 26.150 on Prohibited Products or Practices. (26.150)

FOOT SPAS

The following is specific to services associated with whirlpool foot spas or basin, if this section does not apply to your establishment or booth, check here: ☐ Not applicable

- ☐ A system for recording time and date of each cleaning has been established (26.280)
- ☐ Foot spa and foot basin chairs are made of or covered in a non-porous material capable of being disinfected. (26.282)

SECTION 6: SCALED FLOOR PLAN SAMPLE

You may use this area to provide a scaled floor plan of the establishment. Your floor plan must detail the purpose of each area of the facility including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities (If the establishment is part of a commercial building, include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective establishment area and the location of all entrances, exits, bathrooms, and storage areas.)

If this sample is not suitable for your floor plan, please attach a similar scaled floor plan.

[illegible]

Scale: 1 box = Square foot


SECTION 7: ENDORSEMENT FOR ESTABLISHMENT APPLICATION


Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

I verify that I have read all of the Maine Barbering & Cosmetology Licensing Programs Laws and Rules, including Program Rule Chapter 25 and Chapter 26 which describes the safety and sanitation requirements to open and operate an establishment. I affirm that the items checked on the self-inspection list have been installed and completed and that all requirements for opening my establishment have been met. The list is not inclusive and not intended to circumvent following established laws and rules. I understand the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that sanctions may be imposed including suspension and revocation of my license if the information being reported is found to be false.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name Owner #1	
Signature Owner #1	Date
	

Printed Name Owner #2 ; if applicable	
Signature Owner #2	Date
	

Printed Name Owner #3 ; if applicable	
Signature Owner #3	Date
